



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INSPECTION

REASON FOR INSPECTION: This inspection is for the purpose of determining compliance with Section 112(r)(7) accidental release prevention requirements of the Clean Air Act, as amended 1990. The scope of this inspection may include, but is not limited to: reviewing and obtaining copies of documents and records; interviews and taking of statements; reviewing of chemical storage, handling, processing, and use; taking samples and photographs; and any other inspection activities necessary to determine compliance with the Act.

Facility Name	<input type="checkbox"/> Private	<input type="checkbox"/> Governmental/Municipal
	# Employees _____	Population Served: _____
Facility Location	Inspection Start Date And Time: _____	
Mailing Address	Inspection End Date And Time: _____	
Email Address:		
Responsible Official, Title, Phone Number	EPA Facility Id# _____	
Facility Representative(S), Title(S), Phone Number(S)	Inspector Name(S), Title(S), Phone Number(S)	
Inspection Report Reviewer, Signature _____ Date _____	Inspector Signature _____	Date _____

INSPECTION FINDINGS

Is Facility Subject To RMP Regulation (40 CFR 68)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did Facility Submit (and update) An RMP As Provided In 68.150 TO 68.185?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date RMP Filed With EPA: ___/___/___	Date Of Latest RMP Update: ___/___/___	
1) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
2) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
3) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
4) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	
5) PROCESS/NAICS CODE: _____	PROGRAM LEVEL: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	
REGULATED SUBSTANCE: _____	MAX. QUANTITY IN PROCESS: _____ (lbs)	

ATTACHED CHECKLIST(S):

PROGRAM LEVEL 1 PROCESS CHECKLIST PROGRAM LEVEL 2 PROCESS CHECKLIST PROGRAM LEVEL 3 PROCESS CHECKLIST

OTHER ATTACHMENTS:

INSPECTION SYMBOL KEY: Y - YES, N - NO, N/A - NOT APPLICABLE, S - SATISFACTORY, M - MARGINAL, U - UNSATISFACTORY